

CHANGE OF BENEFICIARY PRIOR TO RETIREMENT

Check One:

- ☐ ERS
☐ TRS

Retirement Systems of Alabama
P. O. Box 302150 ♦ Montgomery, AL 36130-2150
334-517-7000 or 877-517-0020
www.rsa-al.gov

Instructions: Complete the Member Information, Beneficiary Change/Correction, and Member Authorization sections of this form. This form must be signed and notarized for changes to be activated.

Do NOT use this form if you are retired or participating in DROP. Please contact the RSA for the proper form.

MEMBER INFORMATION (Must be completed in all cases)

Name: _____ Social Security No.: _____
First Middle/Maiden Last

Date of Birth: _____ Home Phone No.: _____ Membership Status: ☐ Active Member
☐ Inactive Member

Email Address: _____

BENEFICIARY CHANGE/CORRECTION

To name multiple beneficiaries, use the back of this form.

DESIGNATION OF PRIMARY BENEFICIARY

Name: _____ Relationship: _____ Date of Birth: _____
_____ Address: _____
Social Security Number Street or P. O. Box City State Zip Code

DESIGNATION OF CONTINGENT BENEFICIARY

Contingent Beneficiaries will receive benefits only if all Primary Beneficiaries are deceased.

Name: _____ Relationship: _____ Date of Birth: _____
_____ Address: _____
Social Security Number Street or P. O. Box City State Zip Code

() Check (✓) if Beneficiary information is continued on the back of this form.

MEMBER AUTHORIZATION (Must be signed and notarized)

Signature of Member: _____ Date of Signature: _____

NOTARY

STATE OF _____, COUNTY OF _____

On this _____ day of _____, 20____, personally appeared before me, the above named individual and made oath that the statements made are true.

Signature of Notary Public _____

My Commission Expires _____

MULTIPLE BENEFICIARIES CHANGE/CORRECTION (Continued)

DESIGNATION OF PRIMARY BENEFICIARY(IES)

Name: _____ Relationship: _____ Date of Birth: _____

_____ Address: _____
Social Security Number Street or P. O. Box City State Zip Code

Name: _____ Relationship: _____ Date of Birth: _____

_____ Address: _____
Social Security Number Street or P. O. Box City State Zip Code

Name: _____ Relationship: _____ Date of Birth: _____

_____ Address: _____
Social Security Number Street or P. O. Box City State Zip Code

Name: _____ Relationship: _____ Date of Birth: _____

_____ Address: _____
Social Security Number Street or P. O. Box City State Zip Code

Name: _____ Relationship: _____ Date of Birth: _____

_____ Address: _____
Social Security Number Street or P. O. Box City State Zip Code

DESIGNATION OF CONTINGENT BENEFICIARY(IES)

Contingent Beneficiaries will receive benefits only if all Primary Beneficiaries are deceased.

Name: _____ Relationship: _____ Date of Birth: _____

_____ Address: _____
Social Security Number Street or P. O. Box City State Zip Code

Name: _____ Relationship: _____ Date of Birth: _____

_____ Address: _____
Social Security Number Street or P. O. Box City State Zip Code

Name: _____ Relationship: _____ Date of Birth: _____

_____ Address: _____
Social Security Number Street or P. O. Box City State Zip Code

Name: _____ Relationship: _____ Date of Birth: _____

_____ Address: _____
Social Security Number Street or P. O. Box City State Zip Code

Name: _____ Relationship: _____ Date of Birth: _____

_____ Address: _____
Social Security Number Street or P. O. Box City State Zip Code